TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL YTD TOTALS AS OF 10/31/07)

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICAID MANAGEMENT INFORMATION SYSTEM

151

3.5

57.336

860,435

92.938

55,553

8.185

36,921

3,593

10,020

9,458

4,273

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1,413,467

1,141,244

37.498

64,693

18,739

49.078

130,357

103,602

112.662

49,847

52.943

17,288

3,091

7,684

8,147

68.945

1.587

306

18,605

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10

16

492,011

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4,497

965,335

87.199

1,256,853

100,560

155,489

1.132.211

56,911

819,635

37,962

64,636

18,739

491,998

49.078

541

- 0

3.5

186

6,552,554

178,213

114,034

52,759

22.978

94,580

22.188

227,574

45.875

15,860

196,314

2,606,900

66.423

1,274,209

1,141,225

7,260

п

п

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9.811

3.5

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PAGE

RUN DATE 10/27/07

TOTAL.

PAYMENT

\$103,889,213.10

\$61,352,160.47

\$7,593,703.55

\$83,498,823,24

\$1,171,400.76

\$13,415.83

\$37,746,480,12

\$60,857,459.88

\$10,945,471.90

\$1,694,679.69

\$6,933,742.77

\$3,078,798.64

\$1,195,798.55

\$4,533,433,59

\$2,846,537.32

\$5.068.287.40

\$2,860,951.98

\$2.328.673.73

\$13,829,787.66

\$5,213,945.97

\$16,159,119,77

\$2,916,830.94

\$1,671,968,60

\$1,149,143.95

\$5,201,715.12

\$94,715,784.27

\$683,125.05 \$1,760,144.16

\$997.537.98

\$159,634.73

\$716,590.08

\$17.641.76

\$1,416.37

\$6,946.98

\$0.00

\$983,996.00

\$32,987,918,64

\$66,333,836.27

\$162,424.65

\$12,573,162.35

\$135.651.321.35

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00 \$0.00

\$0.00

sn.nn

\$63.14

1

CATEGORY OF SERVICE RECIPIENTS NUMBER OF UNITS OF SERVED CLAIMS SERVICE TNPATTENT 21,167 25,876 150,689

OUTPATIENT 129.344 310,907 2.762.028 CHILD PART HOSP ο. Π Ω CHILD DAY TREATMENT 1 0 - 0 35,682

ADULT PART HOSP ADULT DAY TREATMENT SKILLED NURSING FACILITY 1,978 2,896 15,044 53.051 1.527.872 2.212 8,499 251,578

0

2,078

6.282

2,609

7,230

2,299

199,031

20,241

46,041

146,997

5,596

5,451

35,344

74,415

37,016

15.854

10.384

694

913

6.833

2,199

10.014

396

50

50

- 0

8

13

29,208

302.052

845

0

- 0

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41

19.447 3.4

INTERMEDIATE CARE FACILITY INTER CARE MENTAL RETARDA NURSING FAC FOR MENTAL ILL HOME HEALTH LEAD INSPECTION AGENCY

211,330

IAMM2200-R003 (MR-0-12)

AS OF 10/31/07

PHYSICIAN 43,810

CLINIC SERVICES

32,264

MEP CASE MANAGEMENT LAB AND RADIOLOGICAL

HABILITATION SERVICES

REMEDIAL SERVICES REHAB SUPPORT SERVICES AMBULANCE SERVICES LOCAL EDUCATION AGENCY

EARLY ACCESS SERVICES PRESCRIBED DRUGS

DRUG CAPITATION INDIAN HEALTH SERVICES FAMILY PLANNING SERVICES IOWA PLAN PROGRAM

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

CHIROPRACTIC PODIATRIC

PATTENT MANAGEMENT

MEDICAL SUPPLIES

OTHER PRACTITIONER

FAMILY PRESERVATION

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

MANAGED SUBSTANCE ABUSE MENTAL HEALTH ACCESS PLAN EPSDT SCREENING

IAN	M22	00-	R003	(MR-O-12)
AS	OF	10/	31/07	

ILL & HANDICAPPED WAIVER SVCS

COUNTY OFFICE REIMBURSEMENT

MEP SERVICES

UNASSIGNED

## IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

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> TOTAL PAYMENT

\$20,915,580.30

\$6,880,899.68

\$10,185,943.04

\$829,177,155.42

\$308,355.91-

\$0.00

TITLE XIX REPORT OF EXPENDITURES

(B	YCA	IEGORY (	Jr :	5ER)	VICE)
(FISCAL	YTD	TOTALS	AS	OF	10/31/07)

12,854

39,390 2

0

441,298

41,921

1

0

		(FISCAL YID TOTALS AS OF	10/31/07)
CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	CENTER	CT LTMC	CEDUTOR

2,419

10,987

130

. 0

\*\* A L L C A T E G O R I E S \* 384,638 5,489,268 24,687,634 \*\*\* END OF REPORT \*\*\*

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
ELDERLY WAIVER SERVICES	10,098	104,997	1,605,908